A	9	X1	1	31	4	/
O	- [XI	/	_>_		

Application or Docket Number

Effective October 1, 2000						09811345						
CLAIMS AS FILED - PART I (Column 1) (Column 2)						mn 2)		MALL EI	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS					\$ \$ 40 \$ 70 \$ 5 \$ \$ 6. \$.			RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			60 minus 20= * 4		.40	40		X\$ 9=		OR	X\$18=	720.~
INDEPENDENT CLAIMS			2 minus 3 = * 2				X40=		OR	X80=		
М	JLTIPLE DEPEN	IDENT CLAIM P	RESENT			Ī	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter					r "0" in c	column 2	L	TOTAL		OR	TOTAL	1430·n
	С	LAIMS AS A	AMENDED - PART II (Column 2) (Column 3)				SMALL ENTITY			OTHER SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	F OL AINA	=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF MI	JETIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_			•		
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	:	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		<u> -</u>	İĪ	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				نے لیا	1	+135=		OR	+270=		
						·	L	TOTAL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	А	DDIT. FEE			ADDIT. FEE	
AMENDMENT C	1. 1. 18 1.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= '		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	C C A MA	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							L	TOTAL			TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												